B.O. tala liebli, bicerba Nebl & P.O. Drawm DD, Anena, NM ECTIO

GIL CONFERNATION PIVISION TO La les RECEIVED Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS <u>MAY -7 '90</u> Well API No. Operator Cibola Energy Corporation 30-005 **6020** 8 5 artesia, office PO Box 1668, Albuquerque, NM 87103 Remon(s) for Filing (Check proper box) Other (Please explain) age in Transporter of New Well Dry Gas Oil Change in Operator If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Lease Name Kind of Lease Lease No. 16 State, Federal & Fee Race Track San Andres CX Plains Location Feet From The Feet From The Unit Letter 19 Township 10S Range 28E Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X Transportation Co PO Box 1188, Houston, TX 77251-1188 Enron Oil Trading & Name of Authorized Transporter of Casinghead Gas or Dry Gas [] Address (Give address to which approved copy of this form is to be sent) Unit Twp. | Rge. | Is gas actually connected? III well produces oil or liquids, Sec When? give location of tanks 19 | 10S | 28E If this production is commingled with that from any other lease or pool, give comminging order number IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen Plug Back Same Res' Diff Res'v Designate Type of Completion - (X) Icual Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Denth i choranocs Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT ID-3 V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed too allowable for this depth or be for full 24 hours.) Date First New Oil Rus To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Tes Length of les Tubing Pressure Casing Pressure Oboke Size Acid true Linning Test Oil - Bhis Water - Bbis Gas- MCF GAS WELL Acusi Frod Test - MCF/D Length of Tes Bbis Condensus/MMCF Gravity of Condensate lecung Method (puet, back pr.) Tubing Pressure (Snut-m) (Cating Pressure (Shut-in) Chale Size VI OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** 9 1990 YAM Date Approved ORIGINAL SIGNED BY MIKE WILLIAMS

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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

med Num

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5/2/90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR, DISTRICT 19

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505/843-6762

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells